

Review warns that risks of long term HRT outweigh benefits

Susan Mayor *London*

The overall increased risk of serious adverse effects—including breast cancer, stroke, and pulmonary embolism—with long term hormone replacement therapy (HRT) outweighs the potential benefits in disease prevention, warns a review of major trials published last week.

Researchers at the Cancer Research UK's epidemiology unit in Oxford were asked by the *Lancet* to review all trials of long term HRT after the early termination of one part of the women's health initiative trial showed increased risk of cardiovascular events (*JAMA* 2002;288:321-33).

They analysed four randomised trials, including more than 20 000 women followed up for an average of 4.9 years. Results showed that HRT users

had significantly increased incidence of breast cancer, stroke, and pulmonary embolism; a significantly reduced incidence of colorectal cancer and fractured neck of femur; but no significant change in endometrial cancer or coronary heart disease (*Lancet* 2002;360:942-4).

Overall, the excess estimated incidence of breast cancer, stroke, and pulmonary embolism (compared with non-users) was 1 in 170 for healthy women aged 50-59 years taking HRT for five years; this was balanced by an estimated reduction in incidence of colorectal cancer and fractured neck of femur of 1 in 600 users. For healthy women in their 60s, the excess risk of breast cancer, stroke, and pulmonary embolism was 1 in 80, with a reduction in

colorectal cancer and fractured femur of 1 in 180 users.

Three of the trials in the review included women with previous cardiovascular disease, whereas the fourth recruited healthy women. Combined oestrogen and progestogen HRT was used in three trials and oestrogen alone in one. The authors noted: "There was no significant heterogeneity in any of the results across the trials, suggesting that the relative risks associated with the use of HRT did not vary substantially across women with different underlying risks of cardiovascular disease or using different hormonal preparations."

They pointed out that existing trials were too small to assess reliably the effect of HRT on cause

specific mortality, and that they did not provide information about oestrogen or progestogen preparations other than those already tested. Ongoing trials—including ESPRIT-UK and the second part of the women's health initiative trial—will provide more information on oestrogen alone. WISDOM (the women's international study of long duration oestrogen after the menopause) is randomising about 22 000 healthy women to similar oestrogen and progestogen combinations as the women's health initiative, but results are not expected for a decade.

The Medical Research Council is reviewing all HRT trials and will make a recommendation soon on whether the WISDOM trials should continue. □

Doctor accused of "interfering" in girl's treatment is cleared by GMC

Clare Dyer *legal correspondent, BMJ*

A consultant paediatrician who disagreed with the parents of a girl with chronic fatigue syndrome about her treatment and obtained her medical records without their consent has been cleared of serious professional misconduct by the General Medical Council. The case resumed last week, having been adjourned in June (29 June, p 1539).

Christopher Cheetham, consultant paediatrician at Wycombe General Hospital, continued to involve himself in the case of the 12 year old girl after her parents, named only as Mr and Mrs B, made it clear they no longer wanted him to do so.

Dr Harvey Marcovitch, editor of *Archives of Disease in Childhood*, said the case had caused concern among paediatricians about their child protection role.

"A lot of paediatricians have been contacting the college [the Royal College of Paediatrics and Child Health], saying they have a terrible dilemma when families won't cooperate with them in knowing how far they're allowed to go in spreading information."

He said the college's president, Professor David Hall, was seeking a meeting with the GMC president, Professor Graeme Catto, to discuss the issue.

The girl, now 17, was confined to bed for two years. Social services convened two child protection case conferences but decided she was not at risk.

Dr Cheetham recommended an inpatient programme of psychotherapy and physiotherapy. Mr and Mrs B disagreed, believing her illness to be organic, and told him by letter that they no



Dr Christopher Cheetham

longer wanted him involved in their daughter's care.

The family's GP called in Dr Nigel Speight, a consultant paediatrician from Durham with a special interest in chronic fatigue syndrome. He agreed with Mr and Mrs B that their daughter should be treated at home under the care of her GP.

Dr Cheetham sought to involve social services and con-

tinued to insist, in letters to Dr Speight and others, that the girl was being deprived of proper treatment.

Dr Cheetham's counsel argued that the Children Act 1989, which provides for intervention when a child is thought to be suffering or likely to suffer significant harm, justified Dr Cheetham's actions.

Taking into account the circumstances of the girl's condition and management as known to Dr Cheetham at the time and his "integrity, expertise, and reputation as a senior paediatrician," the GMC's professional conduct committee "could not feel sure" that he had no reasonable cause to suspect significant harm. He could not, therefore, be said to have no right to intervene.

The committee said the Bs were "intelligent, loving, and devoted parents" who were entitled to have the treatment of their choice for their child. But that did not nullify the right of a doctor with legitimate concerns for his former patient. □